U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - //33 ()	2. Fiscal Year Covered From:	
,	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Henry J Almond	Name Texas Carpenter and Millwrights Regional Coun.	
	Labor Organization File Number 540~936	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3206 Pleasant Valley Lane	Street 5364 Fredricksburg Road, Suite 130	
City Arlington	City San Antonio	
State Texas ZIP Code + 4 76015-2913	State Texas ZIP Code + 4 78229	
5. Position in labor organization. Business Representative		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
7.a. Nature of Interest, Transaction, or Income.		
7.b. Amount.		

Signature

15. Signature and verification. The unde	rsigned declares, under penalty of I	Perjury and other applicable penalties of	of the law, that all of the information
submitted in this report (including the inforr	nation contained in any accompanyi	ing documents), has been examined by	the signatory and is, to the best of the
undersigned's knowledge and belief, true,	correct, and complete. (See the sec	ction on penalties in the instructions.)	
•	,		

Signer Hung	1.	Almo	nd
	\bigcup	4	

On 08/09/2005

(817) 784-6183

Date

Telephone Number

Name of Person Filing Henry Almond		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Texas Carpenters & Millwrights H/W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1300 South Meridian, Suite 200 City Oklahoma City State Oklahoma ZIP Code + 4 73108	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Texas Carpenters & Millwrights H/W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali Trustee Quarterly Expenses	ng. Meetings: Reimbursements of
Street 1300 South Meridian, Suite 200 City Oklahoma City State Oklahoma ZIP Code + 4 73108	6/17/2004 9/23/2004	
	12.b. Amount.	\$802
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The second secon

Name of Person Filing Henry Almond	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	T
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name North Texas Carpenters Retirement Plan	a. Labor Organization
Trade Name, if any:	L Labor Grganization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 4040 McEwen Street	c. Employer
City Dallas	
State Texas ZIP Code + 4 75244	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name North Texas Carpenters Retirement Fund	Quarterly Trustee Meetings: Expense Reimbursements
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 4040 McEwen Street	
City Dallas	
State Texas ZIP Code + 4 75244	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	3/25/2004 \$163.29
	6/17/2004 \$117.52
	9/23/2004
	7113.43
	12.b. Amount. \$535